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THESES AT THE PARISIAN CONCOURS.

[See page 27.]

ARGUMENTATIONS ON THE THESIS OF M. SANSON, BY MM. VELPEAU, BERARD, AND GUERBOIS.

Remarks of M. Velpeau, and Replies of M. Sanson.

M. VELPEAU commenced by an eulogium on the thesis of M. Sanson, which, he said, exposed the merits of the question he had to treat in a very clear and satisfactory manner. There were, however, several points which he expected to find noticed in the thesis, that were passed over in silence. Thus, for example, there was no mention of renewing the dressings frequently, as a means of favoring union by the first intention, although every one knew that it was the main object to keep the wound clean, and free from all irritating matters.

M. Sanson answered, that union by the first intention should be established more or less perfectly in two or three days from the first dressing; if union do not take place within that time, the wound becomes a suppurating one; now, as the first dressing always remains on longer than the time above specified, it was not necessary to mention the change of dressing as a means of favoring the union.

M. Velpeau said this might perhaps be true, if a complete and perfect union took place within the first few days; but as a perfect union of the divided parts never did take place, as the wound must necessarily furnish more or less suppuration, he thought the renewal of the dressings was a capital point of the treatment, and should not have been neglected.

M. Sanson returned to his former explanation. It was a matter agreed upon universally, not to remove the first dressings after an amputation, before the sixth day, unless some accident rendered it necessary. There was not a surgeon in Paris who did not conform his practice to this rule; now, as all that could be expected from union by the first intention must obviously occur within six days, he did not see the necessity of mentioning "renewal of the dressings;" the wound was either united, or had become a suppurating one, before the surgeon ever thought of changing the apparatus.

M. VELPEAU.—There is another means of favoring union by the first intention which you have neglected to mention, although it has often been employed with success, and is, in my opinion, a secondary means of great value—viz. compression.

M. Sanson said that his experience led him to a conclusion diametrically opposite. He considered compression, and everything that might tend to irritate the wound and disturb the process of union, as essentially bad; this was his reason for not mentioning compression.

M. VELPEAU.—In page 13 of your thesis, you say, in speaking of conditions favorable to primary union—" It is necessary that the wound be recent. The shorter time the wound has remained exposed to the air, the more apt it will be to heal without suppurating. The chances of obtaining this mode of union diminish in proportion as the wound inflames, and fleshy vascular granulations spring up." Although this may be true as a general rule, it is not strictly applicable to all cases, and the exceptions should have been mentioned. Thus we may have a union of a wound by the first intention after granulation has commenced; besides, you have altogether neglected to speak of those cases where a suppurating wound has suddenly changed its character and united by the first intention, although the edges have remained open for five or six days.

M. Sanson considered the condition mentioned by him as one necessary for immediate union; where granulations are once formed, immediate union is quite impossible. As to the cases quoted by M. Velpeau, they were not examples of union by the first intention, at least according to the definition of the term which M. Sanson had laid down, and which he read, " The operation by which the surgeon places in contact the opposite points of a wound, to obtain adhesion without suppuration, or with the least suppuration possible." When a wound unites, after having remained open for four or five days, it is manifestly the union of a suppurating wound.

M. VELPEAU.—In page 110 you describe a mixed method of treating wounds after amputations, which consists in placing lint between the edges of the wound, and allowing only the deep parts to unite by the first intention. You say this is the method recommended by Boyer, and also the same which M. Dupuytren and Larrey follow on some occasions. Now, if I am not greatly mistaken, M. Larrey unites his stumps at once, and M. Dupuytren certainly does not put a rouleau of lint between the lips of the wound; besides, at page 50, you condemn this very method, when you say " that tents of lint often act contrary to the purpose for which they are applied in stopping the wound, and cause a stagnation of the pus, &c." Your method therefore is merely the method of O'Haloran, and is condemned by yourself.

M. SANSON.—There is so little difference between the method which I have described, and that followed by M. Dupuytren, M. Roux, &c., that I am justified in classing them under the same head. I place the lint along the lips of the wound; they place it perpendicularly, extending from the bottom to the surface; the intention however is the same, to prevent an accumulation and retention of pus, and this method is applied only when the circular incision has been employed, not after flap operations; besides, wounds made while amputating, are different from other wounds, and require a special treatment; the remark in page 50, to which you object as a contradiction, was applied to wounds in general, not to amputations, which I have in my thesis distinguished from the former.

Remarks of M. Lisfranc, and Replies of M. Sanson.

M. Lisfranc's first objection was founded on a passage, page 29, in which M. Sanson speaks of the suture after amputations, and rejects this means, as likely to bring on irritation and contraction of the muscles through which the suture is passed, although Delpech has employed it with advantage after disarticulation of the extremities, &c. without experiencing the above-mentioned inconveniences. Here, said M. Lisfranc, is an error which should be corrected. Delpech certainly employed the suture after amputations, disarticulation, &c., but not in the manner which you have described; he carefully avoided passing the thread through the muscles, tendons, &c., and merely embraced the skin and subjacent cellular tissue. The ideas of Delpech on this point have been published, and you will find them in the thesis of M. Serre of Montpelier.

M. Sanson was obliged to confess his error after the authority quoted by M. Lisfranc. He had supposed that Delpech embraced the muscles as well as the skin in the suture. Perhaps he had been led into this error by what he had observed in Germany, where he had often seen the suture employed, and remarked that it failed whenever the muscles, &c. were comprehended.

M. Lisfranc did not mean to defend the process of Delpech, of which he was far from approving; he merely wished to correct the error into which M. Sanson had fallen, and concluded by stating, that a means upon which Delpech placed more reliance after amputations of the thigh than the suture, was to place an assistant by the patient, who kept up a gentle pressure on the surface of the stump for a considerable time after the operation. This he found to be the most efficacious means of preventing the convulsive retraction of the muscles which so often renders it impossible to keep the edges of the wound together. (The next point gave rise to a very warm discussion between the candidates.) In speaking of wounds of the head (page 67), M. Sanson says that they "are often complicated with pain, hemorrhage, and extension of the inflammation under the cranial aponeurosis, &c. These accidents are to be combated by the appropriate means, particularly by bleeding, proportioned to the age and strength of the patient." Often, says the author, leeches behind the ears, compresses dipped in cold water, sinapisms to the legs, with laxatives, have succeeded in preventing the development of inflammation in cases where it seemed most imminent. If, in spite of the well-directed use of these remedies, inflammation of the sub-aponeurotic cellular tissue should set in, we have nothing to do but at once abandon all hopes of uniting the wound, and make large incisions (*deleridements*) down to the bone. M. Lisfranc now attacked this practice very warmly, and denominated it as altogether faulty. In cases of inflammation under the cranial aponeurosis, it is not necessary to have recourse to incisions as soon as inflammation declares itself. The surgeon should first endeavor to combat the inflammation by local bleeding, and particularly by revulsions on the intestinal canal. This was the practice followed at *La Pitié*; the facts were well known, and it was demonstrated that the necessity of incisions was often dispensed with by a sedulous attention to the principles he laid down. M. Lisfranc quoted many cases in which he had succeeded in arresting the species of inflammation alluded to, by acting on the intestinal canal, &c., and concluded that M. Sanson was in error in confining his antiphlogistic treatment to a prevention of inflammation, and not continuing it after the development, reserving his incisions for cases where these means failed.

M. SANSON.—(This was an objection which M. Sanson found some difficulty of answering in a satisfactory manner, not so much from want of good reasoning, but because it was necessary to take the spirit of the passage rather than the actual words. He, therefore, commenced by reading the passage which we have quoted, amidst considerable laughter excited by the way in which M. Lisfranc pronounced at every third word, " bon, bien," &c.) M. Sanson remarked, that the employment of local bleeding, purgatives, derivatives, &c. was mentioned and recommended by him. If these failed, he saw nothing to be done, except to have recourse to incisions. From a strict interpretation of the words, it might, perhaps, follow, that he only used antiphlogistics to prevent the development of inflammation; but it was evidently understood that the preventive measures were to be continued after inflammation appeared; any surgeon would comprehend him in this manner.

M. Lisfranc said he did not know what M. Sanson might have had in his head, he only knew what was written in the thesis, and it followed from M. Sanson's words, that as soon as ever inflammation of the cranial sub-aponeurotic substance set in, he had recourse to incisions, without using those general means which the practice of M. Lisfranc, at *La Pitié*, showed to be successful. In page 64 (M. Lisfranc continued) you blame the advice of Petit, who recommends the surgeon to make a counter-opening near the base of the flap, in wounds of the cranial integuments, in order to avoid the inconveniences which would arise from the accumulation of pus between the flap and the bone: you prefer the immediate application of the flap supported by compresses, sutures, &c. I cannot agree with your condemnation of Petit's practice; the formation of pus between the aponeurosis and skull is a dangerous accident, which the surgeon should avoid by all the means in his power. Now when the flap is closely applied, and the dressings are left on for several days, there is great danger that purulent matter will accumulate under the integuments, become infiltrated into the neighboring tissue, detach the scalp largely, and aggravate all the accidents of the primary wounds. In some cases the distension by the pus thus confined has been so great as to lacerate the cicatrix of the integuments.

M. Sanson explained at some length the reasons for adopting his opinion. Like you, said he, I commenced by making a counter-opening, but I soon found that Petit's method was neither necessary nor advantageous, and that it was much better to retain the part in perfect contact. It is evident, that the best means of preventing the pus from spreading under the fascia, is to prevent its formation altogether, and this is best attained by the method which I employ; besides, if pus begin to be formed, the surgeon cannot long remain ignorant of the fact. The patient suffers more than ordinarily, and complains of pain, tension, &c. The dressings are removed, and the existence of any fluid under the thin layer of integument which covers the skull is very easily ascertained. It is now time enough to make an opening for the discharge of the matter, and I think that we may advantageously dispense with the preventive incisions of Petit.

M. Lisfranc.—But if the patient suffer sufficiently to draw your attention to the wound, it necessarily follows that pus is already formed, and the mischief done which Petit's counter-opening would have prevented. Besides, you recommend a methodic pressure on the flap, but you do not confine this means to any peculiar kind of wound, as you should have done. To what kind of flap would you apply pressure, or would you use it with all, indifferently? In cases where the base of the flap is very narrow, the circulation difficult, &c. (and this often occurs in wounds of the scalp), methodic pressure may interrupt the feeble circulation through the strip of flesh connecting the flap with the rest of the integuments, and tend to produce gangrene. Now all surgeons, wherever there is any fear of gangrene being produced, avoid the use of pressure, and have recourse to the suture.

M. Sanson said, that his remark applied only to cases where the base of the flap was large and extensive. When the wound is narrow, there is no occasion to employ pressure, as the parts have not the same tendency to retract and keep the edges of the wound open.

(The time here expired.)

Remarks of M. Berard, and Replies of M. Sanson.

M. Berard.—Our space will not permit us to give this argumentation at any length, although he made many of his objections tell. He commenced by repeating and enforcing an objection already offered by M. Velpeau, viz. that M. Sanson had altogether neglected mentioning the healing of wounds by the second intention. There were three principal forms in which wounds heal,—by the first intention, by suppuration and granulation, and by the second intention; this latter form was perhaps as frequently seen as either of the two others, and he had expected to see its advantages discussed.

M. Sanson remarked in reply to this, that it was not a question which he had to treat; besides, it came under the head of suppurating wounds. The next point was debated warmly.

M. Berard insisted that serous membranes were not vascular, and quoted Bichat, many modern anatomists, and several judges of the concours, who were of the same opinion.

M. Sanson answered that he had injected the free surface of a serous membrane, and that he desired no better evidence than his own eyes; he had also seen pathological preparations which proved the same fact; besides, he did not want authorities to support his opinion.

M. Berard, finally, reproached the author with an inconsistency, in saying at one time that the ligature tended to plug up the wound and retain the pus, whilst at another he said they served to conduct the fluids to the angles of the wound; besides, he had neglected to mention the method practised by the English surgeons, who, instead of assembling the ligatures in bundles, and drawing them out at the corresponding angles, bring each ligature down singly in a perpendicular direction; by this means the thread traversed the least possible space, and the irritation was, consequently, less.

M. Sanson did not seem well to understand this objection, for he denied the possibility of bringing all the ligatures perpendicularly out, and we left M. Berard constructing an equilateral triangle with the sides of the stump, the apex at the bone, the base inferiorly, and endeavoring, but in vain, to demonstrate to the surgeon of the *Hôtel Dieu*, that he could let fall any number of perpendiculars from the sides of the triangle upon the base. M. Sanson affirmed, in reply, that the perpendiculars would be all oblique, from which we concluded that he was a much better surgeon than mathematician.

MEDICAL PHILOSOPHISINGS.

REMARKS ON THE SENSES, SOMNAMBULISM, AND PHRENOLOGY.

[Communicated for the Boston Medical and Surgical Journal.]

The mind, soul, or immaterial essence of man, is sometimes endowed with powers which ordinarily it does not possess, that seem to be deviations from the common course of things, and unsusceptible of a satisfactory explanation. What I have reference to in particular, are cases like those which have lately been described by Drs. Belden and Colby, and published in the Medical and Surgical Journal.

From the statements of those gentlemen it seems that Miss Rider and Mrs. Cass could see in the dark, and with their eyes shut and bandaged. I shall assume the privilege of differing, in some respects, from such a belief. That they were, while in this situation, possessed of the ordinary capacities of vision, is contrary to reason to suppose, and cannot be assented to by those who seriously take the matter into consideration. That they, while in a state of somnambulism, from some cause became acquainted with objects in their presence, that seemed to be through the medium of vision, will be admitted ; but they could no more see with their eyes, under such circumstances, than with their ears, nose, or hands. There can be no doubt that they received the impressions, which it was supposed they did ; but it could not be from vision, as we understand the word.

To impart clearer views upon this subject, it will be necessary to direct the attention to things which are more clearly understood—to things which are every day presented to our observation. Man, as a general rule, may be said to be endowed with five senses—seeing, hearing, smelling, tasting, feeling. There are, however, deviations from this rule. Some are born into the world devoid of the sense of seeing, and some have been even *deaf* and blind. There might be cases in which persons would be destitute of *all* the senses, and more like vegetables than like intelligent beings—possessed of imitation, but not sensation.

If instances are known of individuals being devoid of part or all the senses, the idea suggests itself whether there may not be instances where persons, under certain circumstances, are endowed with *more* than the allotted number. If the cases referred to, and others, which in the course of this essay will be presented, can be explained in any way, it will be from such a supposition. Miss Rider and Mrs. Cass, though they obtained an impression of things, which *seemed* to be through the medium of vision, did *not* obtain it in this way, but received it through a medium which we know nothing about—in fact from a new faculty, or an additional sense.

To elucidate this still farther, it will be necessary to survey some opinions which are in part or altogether now assented to. The senses, such as all mankind, with some exceptions, are endowed with, are inlets or windows to the soul, or intellectual faculties. The eye, for instance, lets in light, and the senses as a whole may be said to let in knowledge; knowledge which we should be altogether deprived of, were it not for the senses. They may, very properly, be said to be windows, but dark and obscure ones, endowed with too little transparency to admit knowledge in its true splendor. Knowledge, or what, when possessed, we denominate such, exists somewhere in bright effulgence; but in regard to man, when it shines at all, it is admitted through the windows of the soul with dim or obscure lustre. Light exists, notwithstanding some individuals are born blind, and do not behold it. A person born blind, knows nothing of light; but if, from the skill of an expert oculist, the scales are removed which excluded it, he finds himself immersed in a sea of light. Our *bodies*, instead of affording facilities to the admission of knowledge, are hindrances, impediments, incumbrances. Though they admit, through the dark windows before spoken of, a few faint rays, they shut out more than they let in. Were it not for the body, or the thick shroud that enfolds the soul, we should find ourselves in a sea of knowledge, just as a person, when his eyes are operated upon to let in vision, finds himself in a sea of light.

As stated before, there *may* be persons so circumstanced as to possess other inlets to the soul, other faculties, or other senses, besides those generally assigned us, without this envelope being removed or taken away, as was the case with the persons before referred to. Whether they are endowed with this new faculty by the connection between the body and soul being in part dissolved, or from something being in reality bestowed upon them, which others do not possess, matters not in regard to the principle of the thing. Knowledge existed, whatever might be the way in which they became acquainted with it. But the subject will not be left without an attempt to explain it more particularly.

The connection between the body and the soul may be more slight in some instances than in others, and beams of radiance may pass through when the folds are partly lifted aside, which would not enter in any other circumstances. Sleep in some measure resembles that state of the body when the soul has departed from it—in other words, it resembles death. The senses are dormant—all the light which enters through the ordinary avenues to the soul, is shut out. Notwithstanding this, the mind is active—converses, and oftentimes has clear views of things. Somnambulism resembles, though it is not exactly like, sleep. Though a person in this state appears to be more awake than in ordinary sleep, he cannot be so easily extricated from it. If it is sleep, it is a higher grade of it, and there is, perhaps, more disconnection between the body and soul than in common sleep. New faculties, or senses, are possessed by such persons, and they obtain a knowledge of things in a different way from what we have any conception of. It differs from common sleep, inasmuch as persons in this situation appear to have clearer views and more perfect knowledge of surrounding objects than at any other time. Somnambulists will walk several miles in the dark without making a misstep, or deviating from a direct course—walk a narrow plank or pole across a stream or deep chasm, which they would not dare to do when awake—climb trees, and perform feats which they could not do at any other time.

Ten or fifteen miles from where I reside, a man in a state of somnambulism prescribed an effectual remedy for a disease which he had long been afflicted with, which his physicians had in vain attempted to cure. Mrs. Cass prescribed a remedy for her complaint, which though not resorted to, her physician was almost inclined to think would have proved effectual if it had been made use of. Some years ago, a young woman at Hanover, who had long been indisposed and helpless, during an almost inanimate state of the body was made acquainted with the exact period when she should recover. Many readers of this periodical have, no doubt, seen an account of a clergyman (Mr. Tenant) who, to appearance, in a perfectly inanimate state, saw, while the veil was thus removed, things which no persons in their natural state are permitted to behold.

Curious instances of persons being endowed with supernatural powers of utterance, in cases where the nervous system is operated upon by disease, frequently come under our observation. A person, not far from where I reside, can, while in a state of somnambulism, declaim upon religious subjects in a manner which denotes higher intellectual attainments than he seems to be endowed with at other times. Dr. Mitchell is the author of a volume, giving an account of a female of this description. President Dwight, as I have been informed, while lecturing to his class upon divinity, gave an account of a case of fatuity, or mental imbecility occasioned by age, where the person, during sleep, would appear to be endowed with as high a state of intellectual attainments as he was ever possessed of. This person was a clergyman, and father to Dr. Edwards; and it was stated of him that he would argue upon divinity with great ability while thus circumstanced, seemingly with some antagonist. He would make statements, wait for a reply, and then proceed, exactly as he would if there had actually been some person conversing with him. I once attended upon a case of epilepsy, the most violent I ever saw, where the patient, in the intervals of the convulsions, was endowed with very extraordinary powers of utterance. At these remissions, he would exhort and blaspheme, alternating with each other regularly, without deviating. His language in both instances was so clear, connected, and forcible, his method so exact, perfect and complete, and his style so bold, powerful and overwhelming, that the most experienced critic could not detect a flaw in a single expression. In his exhortations, the apostle Paul would scarcely excel him in regard to oratory; and in his blasphemous effusions, the very demons would have to give up to him. The inmates of the hells of London would be puzzled to learn where he found the vocabulary which furnished him with such a multiplicity of fiendish words and epithets. Cold chills—even a death-like coldness and horror indescribable—ran over those who were attending upon him.

Even an atheist, if there had been one present, must have trembled, and experienced the inward throbbings of feelings he had never any acquaintance with before. In all these cases are indications of what may be denominated new faculties, or new senses. In some, the faculty of prescribing remedies for their own maladies ; in others, the faculty of foretelling future events ; and in others, that of utterance beyond what is natural in a healthy state.

Though there may be some more disconnection between the body and the intellectual faculties in these cases than what is common, yet this is not the only reason why new faculties are possessed. Phrenology, though yet in its infancy, and doubted as to its correctness by many, seems, by those who have attended to it, to be founded upon correct principles. Phrenologists have spoken of the brain as being divided into a great number of compartments, and assigned to each of these some specific and appropriate office. Each of the different divisions to which have been assigned specific powers, may be considered as possessing the embryo rudiments of new senses. Although there are in reality but five senses, there may be germs, or first beginnings, of others, which, from a greater influx or secretion of that invisible something which gives activity to the nerves, may be endowed with motions and capacities, that, when stimulated to a certain degree of exertion, may perform the offices of perfectly developed senses.

It is well known that in disorders of the sanguiferous system, while some parts are more torpid and less invigorated than what is natural, others, by what is technically called indirect sympathy, are excited to more energetic action. The persons above spoken of were all more or less under the influence of disease, and disease of such a nature as doubtless operated as an indirect stimulus upon that particular portion of the brain which was exerted to greater action in those cases—a greater secretion of nervous power was occasioned, and those actions and motions which eliminated new senses, produced. Pain is a new sensation, occasioned by a cut, a contusion, or a disease of some kind. Some parts, which, when in a healthy state, are possessed of no sensation, are, when diseased, more sensible than any other part. In like manner, those portions of the brain, which, when in a healthy state, have nothing extraordinary belonging to them, may, when diseased, be so operated upon as to be possessed of new faculties.

There are other causes, besides disease, which may have this effect. Calm, composed love to God, or wholesome religious zeal, may produce it. Fanaticism of every kind, may, in some respects, produce it. Individuals may be so formed in regard to their constitutional attributes, as to be endowed with a species of these extra faculties. Not altogether unlike the cases which have been mentioned, was the condition of the ancient prophets and apostles. Rapt in religious zeal, and supreme love to God, they were lifted high above this terrestrial sphere, and, looking through this earthy substance, the corporeal portion of our natures, the future was displayed before them. When Abraham, through the long line of his posterity, saw that a Saviour would be given to the world ; when Isaiah had the millennium pictured to his view; and when St. Paul ascended the third heavens, and saw things of which it was not lawful for him to speak, it was through a medium that others know nothing of, and which we may suppose to have originated from an impulse which produced increased nervous secretion, giving new faculties and new inlets to the understanding, and lifting aside the veil for the admission of that light or knowledge in which the whole human family are immersed.

Religious fanatics, persons under the influence of supposed witchcraft, those who are haunted by ghosts and apparitions, and troubled with spectral illusions of any kind, are operated upon in the same way, though with different results. Like persons in a low state of fever picking at the bed-clothes, and appearing to behold objects where nothing exists, these persons, through a different medium, are presented with false appearances—falsehood assumes the form of truth, and non-entity the appearance of reality.

Zerah Colburn and another individual were endowed with very extraordinary calculating powers—as extraordinary, to appearance, as for a person to foretell what was to transpire ten, twenty, fifty, or a hundred years from the time when he made the prediction. Any two numbers multiplied by themselves, any divisions, questions in the rule of three, cube root, geometry and position, were performed and answered immediately—replied to intuitively. What could this be but an additional faculty, a new inlet to the intellectual organs? Notwithstanding the most abstruse mathematical questions were replied to in an instant, they could not tell others how they did it—for the reason, perhaps, that there are no words invented to express such an operation of the understanding. With these there was probably no disease, but a more perfect organization of that portion of the brain to which phrenologists would ascribe extraordinary mathematical powers.

Men endowed with superior endowments in any art or science, have that particular compartment of the brain assigned to such art or science a little larger than others. Those vestiges, or embryo rudiments of new faculties, are more perfectly developed, and furnished with a more abundant supply of the nervous secretion than is common in ordinary cases. They differ from the cases which have been spoken of before, by not having anything deviating from the common course of nature belonging to them. Demosthenes and Cicero excelled in oratory, Homer and Virgil in poetry, Sir Isaac Newton in natural philosophy, Locke in metaphysics, and Alexander the Great and Bonaparte in war. These men, doubtless, were endowed with greater prominences in those portions of the brain, answering, according to the assignments of phrenologists, to their particular vocations.

More might be said upon the subject, and, by the application of more labor, clearer views presented, and some seeming incongruities might be explained or expunged; but having dwelt longer upon the subject than was intended, as nothing but a few crude hints was calculated upon, what has been stated must suffice for the present. Should that which has been herein exhibited appear to be founded upon reason, and meet the approbation of the reader, it is hoped that some abler pen may discuss the matter, and elucidate subjects which have been shrouded in darkness.

Thornton, N. H., February 12th, 1835. S. F.

SUBSTITUTE FOR THE OIL OF AMBER IN THE FORMATION OF ARTIFICIAL MUSK.

[Communicated for the Boston Medical and Surgical Journal.]

Twenty-five years since, while performing some experiments with the resin of copal, I noticed the similarity of the oil obtained by distillation in a retort with that of the Amber, and found that almost the whole of the resin was converted into the oil. This oil, on being kept a short time, could not be distinguished by its color or flavor from oil of amber of the best quality. Experiencing the same difficulty (in procuring the oil of amber of sufficient purity) mentioned by Dr. Williams, the oil of the copal was substituted, and was found, on treating it with nitric acid, to yield a much larger quantity and better quality of artificial musk than any oil of amber I had ever used. B.

New Haven, Ct. Feb. 23, 1835.

Quere.—Is not the amber the same resin as the copal? Much has been said on the origin of amber. By distillation it yields the succinic acid, which the copal does not. The acid may be formed, by laying for ages in the earth.

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BOSTON, MARCH 4, 1835.

LECTURES AT THE EYE INFIRMARY.

BY JOHN JEFFRIES, M.D.

The *Eleventh Lecture* of the course was devoted to the consideration of the interesting and important class of diseases of the eye, comprehended under the term Amaurosis. The subject of the *Twelfth Lecture* was a continuation of the same disease, and treated of the numerous varieties which occur as sympathetic of complaints or disorder of functions in other organs. The influence of inflammation of the external tunics upon the functions of the retina was first noticed, and also the sympathetic affection of the retina depending upon derangement of the meibomian secretions. Next the not uncommon occurrence of functional Amaurosis from gastric derangement was adverted to, and a useful caution was given to the practitioner to investigate carefully the state of the gastric secretions.

Repletion of the vascular system was considered as a frequent source of Amaurosis, and the appearance of the eye in such cases was noticed, as likewise the constitutional symptoms peculiar to this variety. The singularity in the appearance of the eye affected with Amaurosis under states of the system directly the reverse was noted, and it was observed that the same remark would apply to the symptoms occurring in Amaurosis from inanition.

Nyctalopia was described as another very singular and interesting form of Amaurosis. Having given a careful description of the morbid phenomena exhibited in those suffering from an attack of this disease, the lecturer referred to an account of several cases which had occurred at the Eye Infirmary, and which illustrated the treatment proper to be pursued.

Double vision and Strabismus afforded an opportunity for some excellent remarks in connection with the subject of the lecture ; after which, Dr. Jeffries discussed the treatment which would be appropriate to each of the several varieties of Amaurosis above adverted to—in doing which he strenuously enforced the importance and necessity of ascertaining the exact causes of the disease in each particular case, and of applying the remedies with reference to such causes, whether constitutional or local.

In closing his remarks upon the treatment, the lecturer called the attention of the class to a remedy of the greatest importance in the cure of Amaurosis in general. Mercury is the remedy referred to ; and rules for its particular administration, as well as a description of the cases in which only it will be beneficial, and the regimen proper to be adopted by the patient under its use, were fully and carefully pointed out.

The history of several striking cases, which were conducted to a successful termination by active and persevering application of remedies, was related. Some anatomical and physiological observations, having an important bearing upon the nature of Amaurotic affections, terminated the lecture.

Previous to entering upon the discussion of the subjects of the *Thirteenth Lecture* of the course, the usual clinical observations and practical remarks were made upon the cases presented at the Infirmary for medical and surgical treatment. Among other interesting cases, was a case of tumor, or, as it has been considered by authors, Staphyloma of the choroid coat, the result of long-continued, deep-seated inflammation in the eye, and occurring in this instance in an unhealthy subject. It was of the usual purplish or blue color seen through the extenuated sclerotic—with some varicose vessels at its upper part. A very important case, unfortunately but too common, of injury of the eye with extensive opacity of the cornea (closure of the pupil with adhesion of the iris to the cornea in one eye) from explosion of gunpowder, was also presented and received under the care of the institution.

The disease first offered for the consideration of the class in this lecture, was Pterygium. The nature of this disease, and its division into membranous and fleshy pterygium, were noted, and the characteristic marks of both were pointed out. The mode in which its slow and gradual progress affects the cornea was described, and the cure of both species by excision was based upon a caution having reference to the pathological character of the parts.

Ectropium or eversion of the eyelids was next treated of, and its nature and the various causes which may give rise to it, were carefully adverted to. The indications of cure were noted, and the mode of applying escharotics and of performing the operation requisite in many of the cases, was fully discussed. The proper time for the use of stimulating and astringent washes to restore tone to the parts, was clearly stated.

Entropium was regarded as in some measure the reverse of the last-mentioned disease. The combination of three causes was recognized in the production of Entropium. These causes were enumerated, and the agency of the orbicularis muscle in this disease was clearly manifested. The cure by operation, and its safe and thorough performance, were described. The benefits of the operation, particularly in a young subject, were remarked to be truly surprising, both from the relief from a constant and harassing irritation, and the great improvement which is experienced in vision. A description of simple Trichiasis, or inversion of the eyelashes, and Anchylo-blepharon, or union of the eyelids, followed next in course, and the lecturer then proceeded to the discussion of the morbid affections to which the sclerotic tunic is liable. Inflammation of this texture was minutely described, and the direction and course of the bloodvessels were referred to their anatomical arrangement. The different kinds of inflammation, with the particular remedies, especially in that affection of the sclerotic which is considered as rheumatic, were pointed out. A change of texture of the sclerotic from internal chronic inflammation was described, and a case in which it was accompanied with Hydrops Oculi, was related. Puncturing, or dividing the sclerotic freely, proved in this case, as it has in many others, effectual.

DR. MOTT, OF NEW YORK.

This eminent surgeon has found it necessary, in consequence of impaired health, to make a voyage to Europe. A public dinner was given him by the physicians of New York, on the 10th ult. just before sailing, as a testimony of their high respect for his great professional merit. From the number of sentiments which appears to have been given on the occasion, there was a perfect unanimity of feeling, and a deep interest manifested for the restoration and future usefuless of their distinguished guest.

Dr. Hosack presided, from whose prefatory remarks to a toast, we not only gather an item in relation to himself, whose fame is almost universal, but also something equally interesting concerning the skilful operator who was the subject of such praiseworthy attentions. Dr. H. remarked:

Gentlemen—Having in a great degree withdrawn from the practice of medicine, I feel myself highly honored by your invitation to take the place your partiality has assigned me at this interesting meeting, to take our leave of a brother practitioner, who for a time proceeds to a distant climate and country in pursuit of health. I may remark that the present is an occasion of rare occurrence in the quiet and retired walks of our profession. Festivals of this nature are more usually dedicated to the man who has signalized himself in the field of battle ; who has served the state and country in the great events of political life ; or has become eminent by some great achievement or discovery in the arts or sciences. I might cite a long list of American worthies who have been distinguished in this manner, and have contributed largely to their country's welfare and honor. But we are now called upon to testify our great respect, and to express our unfeigned regard, for one of our citizens, who has no less elevated himself and his country by the improvements he has introduced into his profession, and by the services he has thence been enabled to render not only to his immediate fellow citizens and countrymen, but thereby also, to a certain extent, to alleviate the sufferings of mankind throughout the globe ; for those services are not limited to his *native land*, but have become extensively known, and have been gratefully acknowledged by his professional brethren in every part of the civilized world, and have been the means of lessening the ills of human life, wherever those improvements have been made known and have been adopted. They have indeed thus become the property of *the world ;* and by the world they will ever be appreciated and rewarded. May I not add, gentlemen, without the charge of adulation, that while the records of medicine and surgery remain, while the memory of many of the benefactors to our country, who have signalized themselves in the profession, shall be perpetuated, the name of our esteemed guest and fellow citizen, and the important improvements he has introduced into that department of the healing art he has so successfully cultivated, will also be conveyed to the latest period of time.

I might here, gentlemen, enter into details and illustrations highly honorable to the individual, and exhibit a statement of facts, doubtless gratifying to every member of the profession present, but which time and the occasion both forbid. I may, however, be allowed to remark, that my first acquaintance with Dr. Mott, as a pupil of medicine and surgery, was formed in the year 1805. His enterprise, his habits of industry, his indefatigable labor, became familiarly known to me at that early day, and were considered as a sure presage of that success which has attended him through life. When he completed his course of study, and received the honors of his profession on this side of the Atlantic, he availed himself of the advantages of visiting the most celebrated medical schools of Great Britain and the continent of Europe. There too he became not only known by his ardor in the general prosecution of his professional studies, but he more especially attracted the notice of his teachers in the favorite departments of *anatomy* and *surgery*. To these important branches he became signally and most successfully devoted ; and ever since his return to the United States, they have received his unceasing attention, both as a practitioner and as a teacher of medicine. To these facts his fellow citizens, as well as the members of the profession throughout our country, will bear their united testimony. But in consequence of an impaired state of his health, the result of the laborious practice he has undergone for nearly *thirty* years, he is now very reluctantly called upon to make the painful sacrifice of suspending his professional duties and usefulness, for the purpose of recovering that health, which has been lost by his exertions to give health and happiness to others.

Upon this painful occasion of parting with our friend, I am sure, gentlemen, you will all with one voice unite with me in expressing the most sincere wishes for the prosperity of the voyage Dr. Mott is about to undertake for the recovery of his health, a happy return to the land of his birth, to his family and friends ; and, above all, his reassumption of the duties of that profession he has so long adorned, and in which he has been so usefully engaged for the benefit of his fellow men, and the advancement of surgical science.

Seeing in the Dark.—It is recorded of the Emperor Tiberius, that he could see in the dark ; and M. Le-Cat informs us that there was at Parma a young woman who could see at midnight as well as at noon. Persons shut up in dark prisons soon learn to distinguish the minutest objects, the absence of the stimulus of light causing an expansion of the pupil of the eye. In the Journal des Sçavans for 1677, we find the case of a musician who had one of his eyes struck by a lute string rebounding, when it broke from being screwed too tensely. The eye inflamed, and the patient found, to his astonishment, that with his disorder he had acquired the power of seeing in the dark, so as to be able to read. He could only see in the dark with the inflamed eye, and not with the other.

New York Dispensary.—According to the report of the Managers of the New York Dispensary, no less than 22,444 persons have been supplied with medicine and faithfully attended to gratuitously, either at the Dispensary, or their own houses, within the last year.

Medical Prize Question.—The Medical Society of the State of New York, at its recent meeting, adopted the following as its prize question for the current year:—*The influence of trades and occupations in the United States, in the production of disease.* A premium of $50 is offered for the best Dissertation, to be sent in by the 1st December, 1835.

University of the State of New York.—On Tuesday, the 3d of February, the regents of the university conferred the degree of Doctor of Medicine on 39 gentlemen, graduates of the College of Physicians and Surgeons of the western district.

Library of the Medical Sciences.—Part VI. of this popular and valuable work, under the editorial management of Dr. Hays, has been received. As the price is extremely low, being but fifty cents a Part, every medical gentleman in the country could afford to take a copy.

An easy process for the preparation of Mercurial Ointment.—By M. Coldefy Dorly.—The importance of this process consists in the previous preparation of the lard, by which it acquires the property of extinguishing in a few minutes, from twenty-four to thirty-two times its weight of mercury.

The lard, previously melted, is to be poured into a vessel of large size, containing cold water, in order that it may be properly divided. It should then be placed upon a hair filter, the openings of which are moderately large, and preserved in a dry place, excluded from dust. In about fifteen or twenty days it will be capable of extinguishing seven or eight times its weight of mercury, and this faculty will go on increasing, until finally, at the expiration of some months, when it has become more rancid, and requires a greater degree of tenacity, it will be capable of extinguishing thirty-two times its weight of the mineral. It is somewhat remarkable that lard, which has become infinitely more rancid under any other circumstances, does not possess the same properties.

When it is desired to obtain a strong ointment, the author recommends the following form :

R. Adep. Preparat. ℥ ij.
Argentum Vivum, lb. iij.

Triturate them in a mortar of moderate dimensions, the bottom of which is ovoid. If the lard is too firm, a little olive oil may be added, and the mercury will disappear in four or five minutes, the compound assuming a gray pearly color. Two pounds and fourteen ounces of fresh lard, about three-fourths solidified, must then be added, and the whole well incorporated.

A commission appointed by the Society of Pharmacy to report on this subject, fully verified the statement of M. Coldefy.

Journal de Pharmacie.—North American Archives.

Medical College of Louisiana.—We learn from the Louisiana Recorder—a new periodical, of a miscellaneous character, lately commenced in New Orleans, and ably edited by J. A. Kennicott, M.D.—that the founding of the first medical school in Louisiana was announced on the 5th of January, in New Orleans, in an appropriate and eloquent address by Dr. Thomas Hunt, dean of the faculty and professor of anatomy and physiology.

Medical Advertisements.—Booksellers, Surgical Instrument Makers, Apothecaries, and all others wishing to call the attention of the medical profession, would find it to their advantage to do it through the Medical Journal, where the class of men for whom such notices are designed would see them. Yet a majority of those who advertise, with this view, do it in a common newspaper, which probably is not seen by a twentieth part as many physicians as the Journal. In one of their own appropriate publications, it would arrest their attention, and a mutual benefit would accrue to all parties. Occasionally, a physician's effects are sold at auction—and generally at a great sacrifice, on account of the neglect to insert an advertisement where it would be most likely to meet the eye of those who would purchase at something near a just value.

Owing to circumstances entirely beyond the control of the editor, there has been considerable delay in publishing the remainder of Dr. Jeffries's lectures, but they will now soon be completed.

Died.—In Windsor, Ct. Dr. Lot Humphrey, a revolutionary pensioner, aged 71.—In Frankfort, Ky. Dr. L. Wilkinson.—At New Orleans, Dr. H. M. Hubbard, a native of Lexington, Geo.

Whole number of deaths in Boston for the week ending Feb. 28, 23. Males, 13—Females, 10. Of infantile, 2—lung fever, 4—drowned, 1—fits, 2—piles, 1—tumor, 1—typhous fever, 1—inflammation of the lungs, 1—consumption, 3—canker in the bowels, 1—bursting bloodvessel, 1—old age, 2.

ADVERTISEMENTS.

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, *March* 4, 1834.

TO PHYSICIANS.

A good situation for a physician is about to be vacated in a flourishing village in Worcester County, and within a few miles of the town of Worcester. The place may be secured for a moderate consideration if applied for soon. Applications made to the editor of this Journal, post-paid, will be promptly attended to. March 4.

An eligible country situation for a medical practitioner, in one of the eastern counties of Massachusetts, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post-paid, directed to the editor, will reach the advertiser without delay.

February 18.

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, *February* 4, 1835. eptf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.